
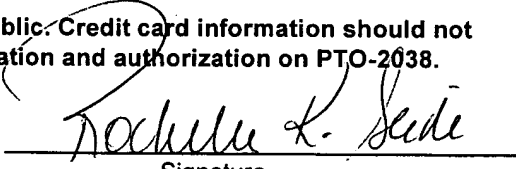


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) A32362 (072396.0174)
	In re Application of <b>Marin et al.</b>	
	Application Number <b>09/320,767</b>	Filed <b>May 27, 1999</b>
	For <b>GENE TRANSFER TO PANCREATIC</b> * <b>see attached</b>	
	Group Art Unit <b>1635</b>	Examiner <b>Angell, J.</b>
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))         </div> <div style="width: 25%; text-align: right;">           \$ _____            \$ _____            \$ <u>980</u>            \$ _____            \$ _____         </div> </div> <p><input checked="" type="checkbox"/> <b>Applicant claims small entity status.</b> See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>490</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>October 5, 2004</u></p> <p style="text-align: center;">Date</p> <p>PTO Reg No.: 32,300</p> </div> <div style="width: 45%; text-align: center;">   <p>Signature</p> <p><u>Rochelle K. Seide</u></p> <p>Typed or printed name</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>		
<input type="checkbox"/> Total of _____ forms are submitted.		

Title: GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

Use Space Below for Additional Information: